

RESIDENTIAL HABILITATION SUPPORTS (RHS FORMERLY CLS)

General Description:

Residential Habilitation Supports (RHS) is a residential service designed to assist a person to gain and/or maintain skills to live as independently as possible and fully participate in a community setting of their choosing based on the goal for community living contained in the person's support plan, and to avoid isolation in their homes or communities. RHS provides support, supervision, training and assistance for people to live in licensed and/or certified residential settings. RHS may not be provided in a Nursing Facility (NF), or an Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR). RHS services include daily supports to maintain the person's health and safety, and assistance with activities. Services give persons with disabilities an alternative to institutional or other community living settings. The person's support plan identifies the type, frequency, and amount of support required by the person based on their requirements. Supports can include up to 24 hours of supervision, but the actual hours of direct care staff support shall be indicated in the person's budget worksheet. The RHS worksheet contains the authorized rates for each person. RHS is available to those persons who live alone or with roommates. RHS includes maintenance of a person's health and safety; and assistance with activities of daily living, such as eating, bathing, and dressing. The following services are included as part of the RHS code and shall not be reimbursed separately:

Chore Services (**CH1, CH2**)

22 Personal Assistance (**PAC**)

20 Companion Services (**COM**)

23 Routine, Non-medical Transportation (**DTP**)

21 Homemaker Services (**HS1 & HSQ**)

Persons are excluded from receiving the following services and RHS: (Cannot bill for RHS and the codes listed above and below in bold)

Adult Foster Care (**AFC**)

Community Service Broker (**CSB**)

Consumer Preparation (**PAP**)

Family Training and Preparation Services (**TFA**)

Family and Individual Training and Preparation Services (**TFB**)

Host Home Support (**HHS**)

Professional Parent Supports (**PPS**)

Residential Habilitation Intensive Support (previous Community Living Intensive Support) (**RHI**)

Respite (**RP1, RP2, RP3, RP4 & RP5**)

Supported Living (**SLA, SLH & SLN**)

Family Training and Preparation Services (TFA) and Family and Individual Training and Preparation Services (TFB) may be made available to persons when an exceptional care need exists, after the review and approval of the Regional Director of the DHS/DSPD region where the person is residing.

Population Served:

The Contractor shall serve people currently receiving services from DHS/DSPD with mental retardation and related conditions, and adults age 18 and older with acquired brain injury, as defined in Utah Administrative Rule R539-1 (<http://rules.utah.gov/publicat/code/r539/r539.htm>).

Contractor's Qualifications:

Contractor shall have all applicable licenses or certifications as prescribed in Utah Administrative Rule R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits.

Contractor shall be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor shall also agree to participate in any DHS/DSPD provided Medicaid training.

Contractor shall be under a DHS/DPSD contract to provide RHS and shall be certified by DHS/DSPD.

Contractor shall provide emergency procedures for fire and other disasters that require the development and posting of an evacuation plan for site based services and quarterly training on evacuation procedures and documentation of quarterly evacuation drills.

Contractor shall disclose room and board charges and food stamps or other income not originating with DHS/DSPD.

Contractor under license with DHS, Office of Licensing shall assure the presence of at least one (1) staff trained by a certified instructor, in first aid and CPR on duty with persons at all times.

Contractor shall assure the presence of staff at each licensed site that is responsible for supervision of the day-to-day operations of the site and for operation of the program.

Administrative Requirements

Policies and Procedures: Contractor shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall:

- a. Establish the amount of time family or friends may stay as overnight guests.
- b. Disclose board and room charges and food stamps or other income not originating with DHS/DSPD.
- c. For residential providers, include emergency procedures for fire and other disasters that require the development and posting of an evacuation plan in each residential site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills.
- d. Govern the handling, storage, disposal and theft prevention of medication.
- e. Provide procedures regarding the nutrition of the person.

Staff Qualifications:

Staff shall demonstrate competency in providing RHS services, as determined by the Contractor. In addition, all applicable education, and training shall be completed before performing any work for persons without supervision.

RHS staff shall be trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Staff shall pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record.
<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

RHS staff shall be at least 18 years of age.

Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to perform the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

Staff shall complete and achieve competency in specific training areas one (1) through eight (8) within 30 days of employment or before working unsupervised with a person. Staff shall complete and achieve competency in training areas 9 through 12 within six (6) months of employment.

1. Medication competency:

- a. Identification of common medications, their effects, purpose and side effects,

- b. Identification of medications and medication side effects specific to the person,
 - c. Recording and documentation of self-administration of medications, and
 - d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Principles of age appropriate community inclusion and natural support development specific to the person.
7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person centered assessment and plan development.
11. How to develop and support the person's preferred recreational and leisure activities.
12. Contractor and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior,
 - b. Transitioning from hospitals to community support programs including available resources,
 - c. Functional impact of brain changing,
 - d. Health and medication,
 - e. Role of the direct care staff relating to the treatment and rehabilitation process,
 - f. Treatment plan and behavioral supports, and
 - g. Awareness of the family's perspective on the brain injury.

RHS staff shall be at least 18 years old.

Direct Service Requirements:

- A. **Person-Centered Planning:** Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.
 1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). These may include a Behavior Support Plan, Action Plan, Psychotropic Med Plan, Staff Instruction sheet, and data collection and/or Task Analysis sheet for skill training or other support.
 2. Once the ISP/AP has been developed, the Contractor shall orient the person to that part of the plan that is applicable to the Contractor and ensure the person is involved in its implementation.
 3. The Contractor shall develop and implement Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.

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165 4. The Contractor, as a member of the person's team, is required to assist in assessments and meet at
166 least annually (within 12 months of the last Person-Centered Process meeting) to review the
167 person's service/support requirements and to make adjustments as necessary based on the
168 person's needs. However, it may meet more often as determined by the person or other members
169 of the team.
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171 B. Psychotropic Medications

- 172 1. Psychotropic Medications include any drug prescribed to stabilize or improve mood, mental
173 status, or behavior.
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175 2. For persons on psychotropic medications, the Contractor shall complete a specific type of Support
176 Strategy referred to as a Psychotropic Medication Plan that contains the following information:
177 a. Identification of the specific medication by its generic or brand name; the date which the
178 medication was commenced on or is to be commenced, and dosage as determined by a
179 qualified medical professional.
180 b. Identification of side effects to monitor. When antipsychotic medications are used,
181 monitoring procedures may utilize standardized assessments instruments such as the
182 Abnormal Involuntary Movement Scale (AIMS).
183 c. A statement of specific behaviors or symptoms targeted to assess advantages and
184 disadvantages of the prescribed psychotropic medications.
185 d. Identification of other support and services that are available and would be useful in the
186 treatment of the targeted behavior or symptom and/or any related illness or condition of
187 the person. Such supports or services may include Behavior Support Plans,
188 psychotherapy or laboratory studies (for example, blood work to check lithium serum,
189 CBC, liver function).
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191 C. Person's Personal Funds

- 192 1. In the event of an emergency situation, a Contractor may write a check to the person or the person
193 may borrow money from the Contractor. The person's support team shall be notified and grant
194 approval of the Contractor's actions. The Contractor's staff shall document the emergency and
195 the person's support team approval and maintain this documentation in the person's record. The
196 Contractor shall have policies and procedures in place to make sure a person does not
197 continuously owe the Contractor money due to emergency situations.
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199 2. A person shall not give cash to or make purchases from the Contractor or Contractor's staff. A
200 person shall not write checks to the Contractor's staff. Only in cases of emergency, may a person
201 write a check to repay a loan made by the Contractor. Contractor shall ensure the person has
202 adequate access to personal finances in order to cover anticipated expenditures. The exceptions to
203 persons making payments to the Contractor are as follows: a) reimbursement to the Contractor for
204 destruction of property by the person, if approved by the team, and allowable by contract, and b)
205 room and board charges.
206
207 3. The Contractor's staff shall not loan or give money to a person. The Contractor shall not loan or
208 give money to a person except in case of an emergency. A person shall not loan or give money to
209 the Contractor's staff or the Contractor itself.
210
211 4. Belongings with a purchase price or value of \$50.00 or more shall be inventoried. The inventory
212 shall also include other items of significance to the person, which may cost less than \$50.00. The
213 inventory shall be maintained on an ongoing basis and reviewed annually. Discarded items shall
214 be deleted from the inventory list. Documentation of the reason for the deletion of an item shall
215 be maintained and shall require the signature of the person/representative and one (1) Contractor
216 staff or two (2) Contractor staff if the person/representative is not available. Personal possessions
217 shall be released to the person/representative whenever the person moves.
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219 D. Health and Safety Requirements

- 220 1. Contractor shall assure that persons receive training, opportunities to seek and obtain routine and
221 acute medical, dental, psychiatric, or other health-related services, as outlined in the Person
222 Service Plan, as allowed by the person's Medicaid and insurance plans.
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224 2. Contractor staff shall assure persons receive training and assistance to:
225 a. Identify primary health care practitioners; and
226 b. Obtain dental and physical examinations;
227 c. Safely follow physician orders;
228 e. Know what prescribed medication is for, if the medication is the right dose, if the
229 medication is taken properly, and know if the medication is taken according to the schedule
230 prescribed by the person's physician; and,
231 d. Document the frequency, dosage, and type of medication taken.
232
233 3. Person health information including the following:
234 a. A record of all medical and /or dental examinations performed, including assessments,
235 treatments, and prescribed medication(s),
236 b. A record of all surgeries, immunizations, illnesses, chronic complaints, and significant
237 changes in health,
238 c. Authorization for any emergency medical treatment needed,
239 d. A record of all medication(s) taken by the person,
240 e. A record of all incidents requiring first aid and/or a referral to medical personnel or a
241 health care facility,
242 f. A record of all medication errors,
243 g. A record of all accidents or injuries,
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246 4. Medications shall be properly stored according to the person's needs and capabilities, as
247 determined by the Team.
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249 5. Contractor's staff shall immediately contact the appropriate medical professional to report the
250 discovery of any prescribed medication error, including actual missed or suspected missed
251 dosage, misadministration of medication, medication administered at the wrong time, or failure to
252 follow laboratory survey schedule, etc.
253 a. Any medication errors that occur shall be documented in the person's file and reported to
254 the Support Coordinator and Contractor Director or designee.
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256 6. Contractor shall notify the Support Coordinator and person representative within 24 hours of the
257 development of a medical issue for any person, such as illness requiring medical appointments or
258 an emergency room visit. This does not include medical appointments for general health check-
259 ups.
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261 7. Any allergies the person has shall be recorded by Contractor staff in the person's medical record
262 and disclosed to the person's primary physician.
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264 E. Health and Nutrition Requirements

- 265 1. Persons shall have kitchen privileges with access to food and ingredients. Kitchen
266 privileges may be limited if approved by the Human Rights Committee, in the interest of
267 the person's health.
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269 2. Contractor staff shall assist persons in planning meals to meet basic nutritional
270 standards, special diets, food preferences, customs, and appetites.
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272 F. Transportation

273 Contractor shall provide routine transportation to shopping and other community activities, based on the
274 Contractor's and team's reasonable, professional judgment.
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276 The Contractor shall check driver's driving record annually and shall assure that drivers with problematic
277 records are not allowed to continue providing transportation as part of this service. Contractor shall check

annually that drivers providing transportation in their personal vehicles have current/adequate auto insurance. Contractor shall keep documentation of this review and copies of the driver's record and auto insurance in the employee's file.

Drivers make certain that:

1. Persons are not left unattended in the vehicle.
2. Persons use seat belts and remain seated while the vehicle is in motion.
3. Keys are removed from the vehicle at all time when the driver is not in the driver's seat unless the driver is actively operating a lift on vehicles that require the keys to be in the ignition to operate the lift.
4. All persons in wheelchairs use seat belts, or locking mechanisms to immobilize wheelchairs during travel.
5. Persons are transported in safety restraint seats when required by Utah State law.
6. Vehicles used for transporting persons have working door locks. Doors are locked at all times while the vehicle is moving.
7. Persons arrive safely at the scheduled time and arranged destination, that no person is left alone along the way to or from day supports even in emergency situations or when the health and safety of others may be in question. If necessary during an emergency, the driver may wait until another driver arrives to complete the transport.

G. Access to Community Services

1. Contractor shall assist the person in accessing community services and resources, including but not limited to finding housing, applying for food stamps, obtaining Social Security benefits, etc.

Staff Support:

RHS can include 24-hour direct care staff support. Actual type, frequency and duration of direct care staff support, and other community living supports shall be defined in the person's ISP/AP based on the person's selected housing arrangement and assessed needs.

Rate:

RHS is paid as a daily rate. RHS can include up to 24-hour direct care staff support. Generally, however, RHS is provided for up to 24-hours a day on holidays and weekends and for 18-hours per day on days when the person is in school, at work or receiving other daytime supports. Payments for residential services are not made for room and board, the cost of facility maintenance, routine upkeep or improvement. Personal needs costs are covered through personal income such as Social Security and other income (SSA, SSI, employment).